Mississippi Secretary of State 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES	NOTICE FILING	3		
AGENCY NAME Mississippi Department of Education		CONTACT PERSON Jean Massey	TELEPHONE NUMBER 601-359-3048	
ADDRESS 359 North West Street, Suite 209		CITY Jackson	STATE MS	ZIP 39205
EMAIL jmassey@mde.k12.ms.us	SUBMIT DATE 11/19/13	Name or number of rule(s):8701 Title 7: Education K-12 Part 68: Transportation Distribution and Logistics – Career Pathway – Automotive Service Technician		
Short explanation of rule/amendment, Technician. This 2008 curriculum is bei	ng repealed from	the recommendation of a curric		
Specific legal authority authorizing the List all rules repealed, amended, or sur				
ORAL PROCEEDING:				
An oral proceeding is scheduled for	this rule on Dat	e:		
Presently, an oral proceeding is no	scheduled on this	rule.		
If an oral proceeding is not scheduled, an oral protein (10) or more persons. The written request sometice of proposed rule adoption and should income agent or attorney, the name, address, email address comment period, written submissions including ECONOMIC IMPACT STATEMENT:	hould be submitted to lude the name, addres ress, and telephone nu	the agency contact person at the above s, email address, and telephone number Imber of the party or parties you repres	address within twenty (of the person(s) making ent. At any time within t	20) days after the filing of this the request; and, if you are an he twenty-five (25) day public
Economic impact statement not re	quired for this rule	. Concise summary of ed	onomic impact stat	ement attached.
TEMPORARY RULES	TEMPORARY RULES PROPO		FINAL ACTION ON RULES	
Effective date: X Repear Add Other (specify): Proposed for the first section of the first sec		e(s) nent to existing rule(s) of existing rule(s) otion by reference nal effective date: ays after filing	Date Proposed Rule Filed: Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: Other (specify):	
Printed name and Title of person a				dent
Signature of person authorized to f		TWRITE BELOW THIS LINE		
OFFICIAL FILING STAMP	SECR	NOV 1 9 2813 MISSISSIPPI ETARY OF STATE		FILING STAMP
Accepted for filing by Accepted for filing by			Accepted for filing	; by